SAMHSA-HRSA
Center for Integrated Health Solutions

Health IT for Primary and Behavioral Healthcare Integration

March 25, 2013

Moderators:

Michael R. Lardiere, LCSW
Colleen O'Donnell, MSW, PMP

Presenters:

Bill Cadieux, CIO
The Providence Center

Charlie Hewitt, MBA,
Director, HIE Product Delivery
Rhode Island Quality Institute

Overview:

This webinar will explore the results of a pioneering national effort to develop strategies that incorporate behavioral health into state health information exchanges (HIEs) and examines the issues from the perspective of a State HIE and a behavioral health provider.

This groundbreaking initiative developed and vetted strategies to addressed barriers, moving healthcare closer to the national goals of shared patient information for better coordination of care.

This CIHS project was made possible through funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) award # 3UR1SM060319-02S1.

For more about CIHS and to Download the presentation go to:
http://www.integration.samhsa.gov/operations-administration/hit or
http://www.integration.samhsa.gov/about-us/webinars

Colleen O'Donnell

Director HIT Technical Assistance and Training

Overview of the PBHCI HIT Supplement for Individual Grantees

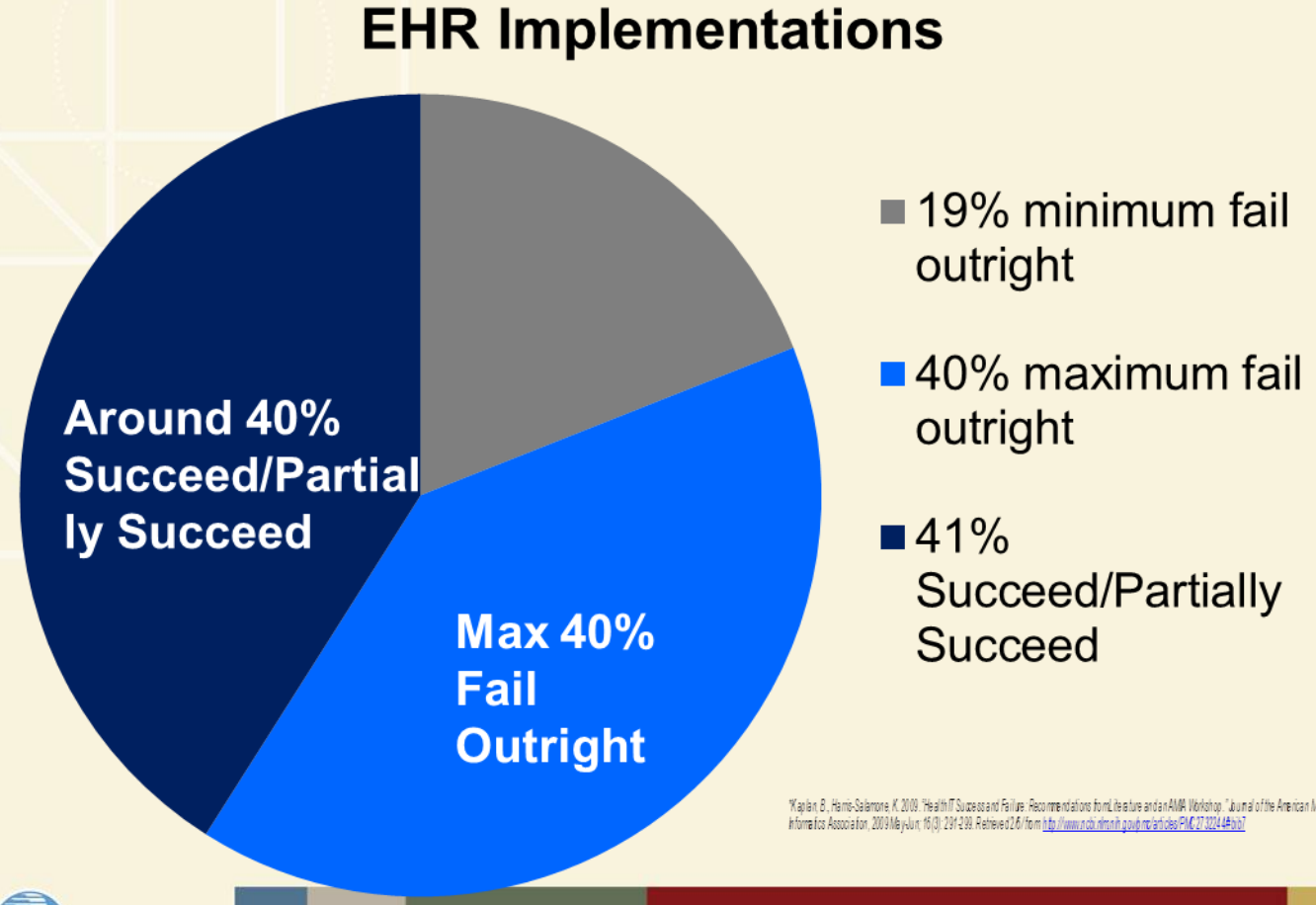
About the PBHCI HIT Supplement Grant

- Awarded to 47 PBHCI grantees implementing various models of integrated primary and behavioral health care, expectations were to:
  - Implement certified Complete EHR (Ambulatory)
  - Meet standards for Meaningful Use, minimally those standards necessary for
    - ePrescribing
    - Exchange of Continuity of Care Record (CCR)
    - Receive structured lab results electronically
  - Join Regional Extension Center system and participate in health information exchange on a network of exchange

Center for Integrated Health Solutions Role

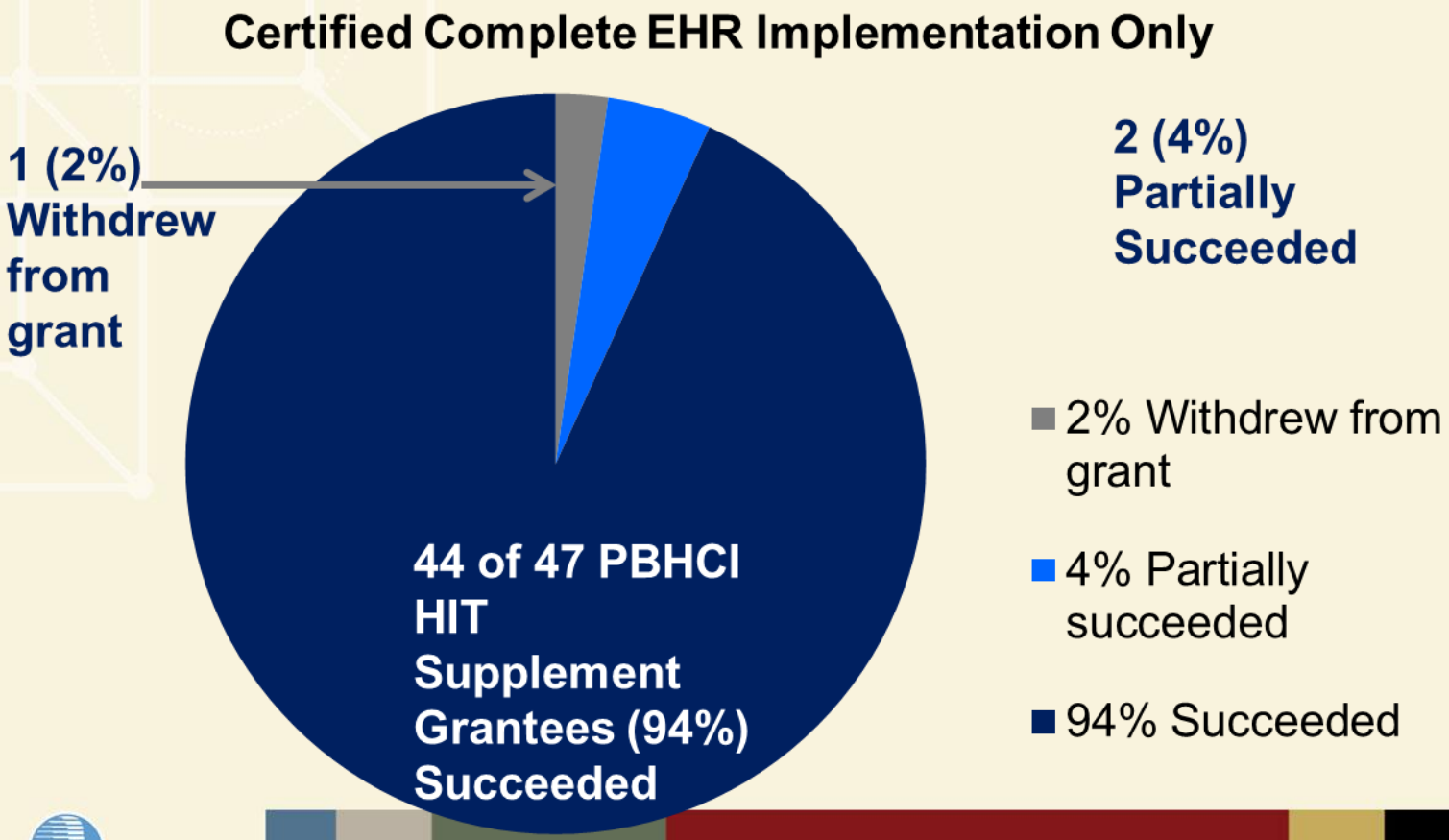
- Provide technical assistance and training (TA & T) to the 47 PBHCI HIT Supplement Grantees and their partners (3 additional provider organizations)
- Included:
  - Project Management
  - Business Process Analysis for EHR Implementation
  - Stage 1 Meaningful Use
- Make this TA & T available to eight Cohort IV grantees
- Include TA & T to 9 additional PBHCI grantees at GPO or grantee request (total of 64 grantees)

EXPECTED Success/Failure Rates
EHR Implementation Only

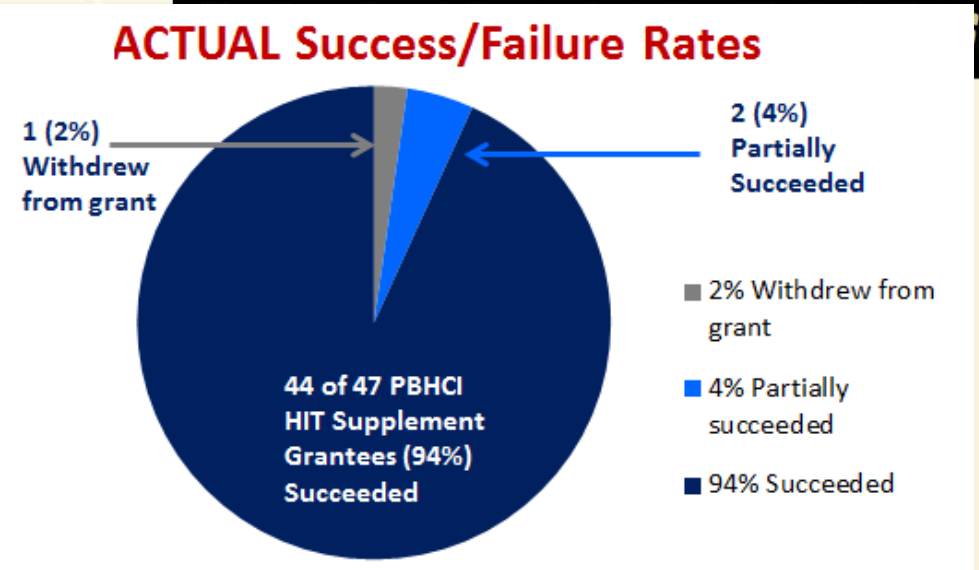


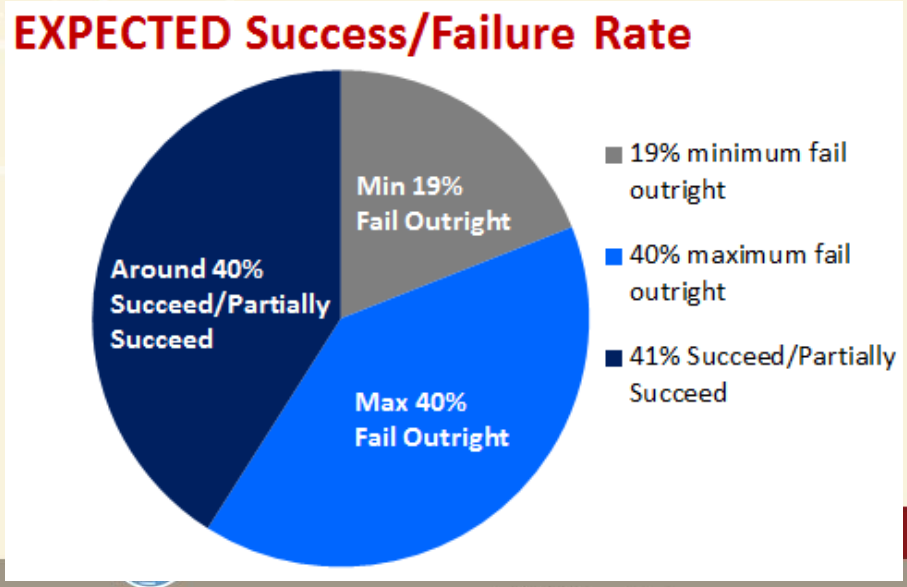
*Kaplan, B., Harris-Salamone, K. 2009. "Health IT Success and Failure: Recommendations from Literature and an AMIA Workshop." Journal of the American Medical Informatics Association. 2009 May-Jun; 16(3): 291-299. Retrieved 2/6/ from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2732244/#bib7

PBHCI HIT Supplement
ACTUAL Success/Failure Rates
EHR Implementation Only



- Ensured leadership buy-in
- Grant money
- Project planning
- Tight control on time/cost/scope
- Business process analysis





- Lack of executive leadership buy-in
- Run out of money
- Lose focus on project plan
- Lose control of time/cost/scope
- Skip business process analysis

The Grantee Experience

The Providence Center

Bill Cadieux

Chief Information Officer

The Providence Center, RI

- A Community Mental Health Center serving Providence and the surrounding communities.
- $40M in 2012, 650 staff, interns and peer mentors.
- Serving approx. 12,000 people a year with mental health, addiction and primary care problems.
- 42 programs including 8 group homes, 2 residential addiction facilities, a 16 bed CSU, day care center, K-12 school, 2 addiction community centers, and a recovery high school.

Our EMR/EHR Implementations

- First EMR in 2007
  - Consisting of Essentia HMIS, MS Word templates and Docuware scanning and image repository.
- Current EHR in 2012
  - Consisting of an ONC certified Essentia, XML-based forms, Docuware scanning and image repository and Netsmart's Infoscriber e-prescribing.

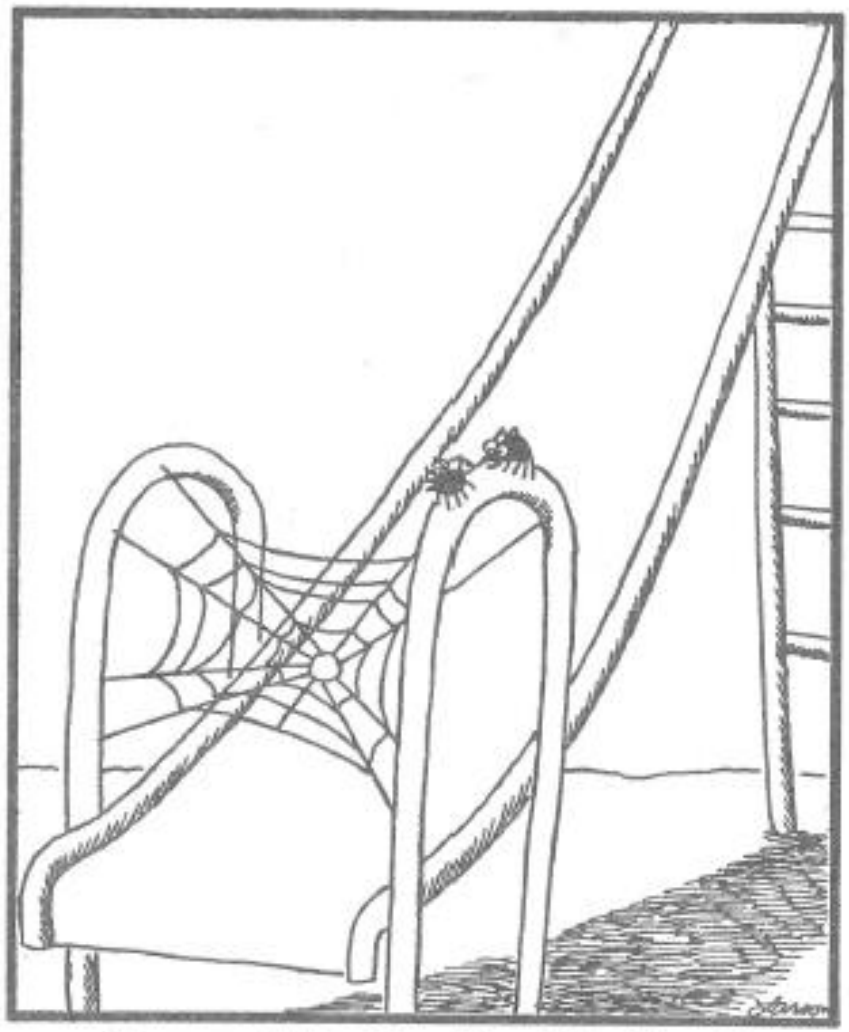
RIQI and the Currentcare HIE

2011 SAMHSA grant to move to a certified EHR

- Grant requirement to participate in the Regional Health Information Exchange program.
- First introduced to Rhode Island Quality Institute's Currentcare HIE in November 2011.
- First detailed discussion of Currentcare with Charlie Hewitt at the November event.
- RIQI had already made significant progress and had the resources, technology and people to achieve a sustainable HIE.

RIQI and The Providence Center

- Started the interface project with RIQI in September of 2012.
- RIQI MOU and vendor contract by the end of November 2012.
- While a MOU is important strong relationships and constant communication is key to success.
- Twice weekly conference calls between TPC, RIQI and the vendor.



"If we pull this off, we'll eat like kings."

How We Felt About the Project

Barriers to Success

- Technical – will it all work?
- Cultural – will everyone want to share?
- Workflow – what haven't we thought of?
- Privacy – how does legal feel about all this?

Technical

- ONC “Direct Protocols” messaging
  - Encrypted, authenticated e-mail service provided by Health Information Service Providers.
  - Primary electronic transport mechanism to Currentcare.
  - Initial connectivity and delivery problems were unexpected.
- Best approach - Put techs together from different vendors one-on-one and in real-time to solve problems.

Cultural

- Pushback from clinical staff on sharing behavioral health and addictions data.
- Counter to clinical training and the ever present threat of HIPAA penalties.
- For the most part clients felt the benefit outweighed the risk.
- Our partner, Providence Community Health Centers have enrolled over 30,000 patients.

Workflow

- Two primary concerns around sustainability
  - Paper-based enrollment form would be very unpopular with our staff that have been paperless since 2007.
  - Accessing Currentcare without knowing if a client was enrolled could be frustrating to some, especially in the early stages.
- Solution
  - Develop a auto-populating paperless enrollment form and track TPC clients that are enrolled in the EHR.

Confidentiality

- Federal regulation 42 CFR Part 2
  - Requires much tighter control (than HIPAA Privacy and Security) of substance abuse information.
  - Two approaches
    - Segmentation – Technology-based separation of SA data. Difficult in that addiction issues can be inferred from narrative text or medications (e.g. Methadone prescribed for pain).
    - Use a release of information and only send data to the HIE if the release is in place.

Where Are We Now?

- On March 8th we submitted our first live record to the production gateway with Inpriva NwHIN Direct account.
- On March 21st we began fully automated production uploads to Currentcare.
- Our Continuum of Care data includes…
  - Demographics
  - Diagnoses
  - Admissions/discharges to care
  - Medications
  - Allergies

Our Plan

- Use Nationwide Health Information Network (NwHIN) Direct e-mail with our Phoenix House partner to transmit authorization data as structured text attachments.
  - Auto-populate our electronic forms with the client data.
  - Send the completed forms with authorizations back using Direct.
- Looking into using Direct to send automated e-mails containing patient status to primary care providers that refer to us.

Overview of the Health Information Exchange (HIE) Sub Awardee Program

Michael R. Lardiere, LCSW

Vice President Health Information Technology & Strategic Development

HIE Supplement

Goals

- To develop infrastructure supporting the exchange of health information among behavioral health and physical health providers
- Development or adaptation of electronic health information exchange (HIE) systems to support the exchange
- Work through the challenges of exchanging 42 CFR data and implement a process to do so
- Identify the behavioral health data elements that should be part of the CCD

Under the Center for Integrated Health Solutions (CIHS)

5 States Selected

- IL
- KY
- ME
- OK
- RI

Our Approach:

- Build on What is Already Developed
- Coordinate with ONC & S&I Workgroups
- Coordinate with SAMHSA
- Ensure Legal Input
  - 3 of 5 HIEs have their legal experts regularly involved on the calls
- Identify current “Better Practices”

HIE Supplement

- Coordination with other Federal Programs & Initiatives
- Coordinating Activities with
  - HL7 Behavioral Health CCD Workgroup
  - ONC's Standards and Interoperability Framework Transitions of Care Workgroup
  - ONC's Standards and Interoperability Framework Data Segmentation Workgroup
  - ONCs State Health Policy Consortium Project (RTI Initiative) for behavioral health data sharing
    - AL, FL, KY, NE, NM, MI Plus other states
- Other states are also participating: CO; ; LA; NY; UT

The HIE Experience

Rhode Island Quality Institute

Charlie Hewitt

Director, HIE Product Delivery

SAMHSA-HRSA
Center for Integrated Health Solutions

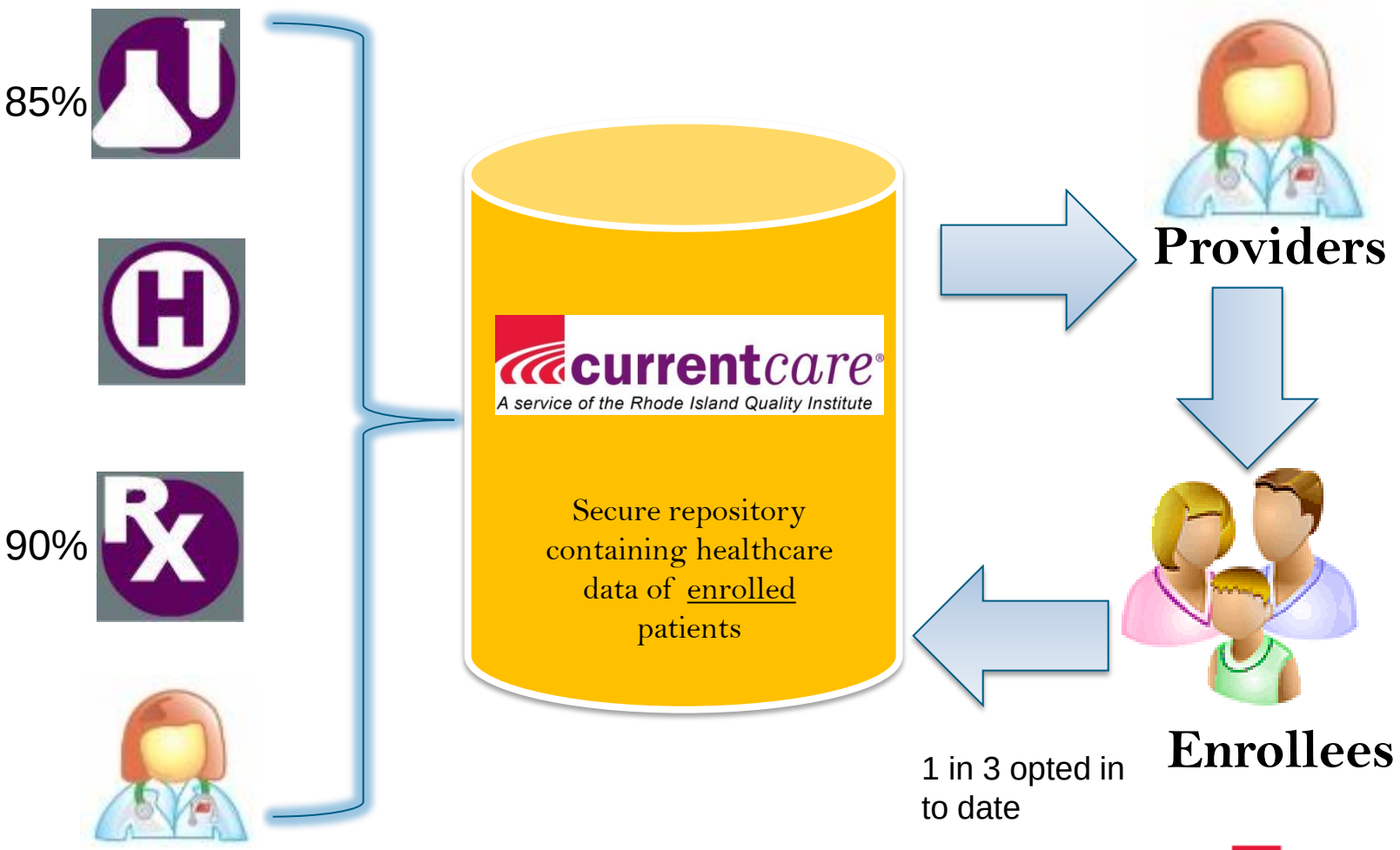
Rhode Island: Behavioral and Medical Health Care Integration

Sharing Data via the HIE

RI's Behavioral Health Integration Program

- Mental health and substance abuse information is flowing
  - Via the Health Information Exchange
  - Via Direct secure e-mail, one-to-one
- Consent model for sharing data via the HIE complies with 42 CFR
- Non-technical challenges remain

CurrentCare: Rhode Island's Statewide HIE

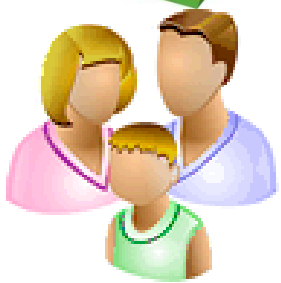


CurrentCare Consent Enables Access to MH & SA Information

- Information collection only happens with patient consent
  - Until patient revokes consent, or
  - Until CurrentCare no longer exists
- Access permitted only to treating providers which patient specifies – or in emergency
- Treating providers may access all the information, including MH and SA information.

But a CurrentCare Consent <u>alone</u> does NOT allow Part 2 programs to release information to CurrentCare. There must also be a release from the patient at the Part 2 program to release Part 2 information to CurrentCare. It is a two step process.

Behavioral Health Information Sharing via HIE



Client Signs Part 2 Consent

Client Enrolls in HIE

Care Giver views Client Information thru Part 2 Filter

currentcare
A service of the Rhode Island Quality Institute

Part 2 Consent Enables Release of Information to CurrentCare

- Information release from Part 2 program only happens with patient consent
  - Until patient revokes consent, or
  - Until consent expires (one year or less)
- Release specifically to Rhode Island Quality Institute as administrator and operator of CurrentCare
- Consent to release "all my health information, including …"

CurrentCare Viewer Providing Access to PHI

All CMHOs signed up to use CurrentCare Viewer

- Nine organizations, 32 sites, 149 users

What's been hard:

- Adoption and Utilization of Viewer: Many sign up; few embed it in the workflow

What's worked:

- Motivation: RI BHDDH Health Home Audit Standard
- Training and follow-up
- Stories and testimonials

Part 2 Programs Sharing Information with CurrentCare

- Three CMHOs are exchanging information with CurrentCare
  - Encounters
  - Prescribed Medications
- CurrentCare Viewer complies with 42 CFR
- What's been hard:
  - EHR vendor priority conflicts
  - CCDs are not what they need to be
- What's working:
  - Upgrade as standards solidify
  - Standard model for implementing EHR data feeds

CMHOs are Adopting Direct

- All nine CMHOs have signed up for Direct
  - Sharing notes between individual providers
  - Coordinating care among individual providers
- What's been hard:
  - Getting CMHOs to make Direct adoption a priority
  - Integrating the use of Direct messages in workflow
  - Getting providers to see the possibilities
- What's working:
  - Motivation: BHDDH Health Home Audit Standard
  - Support for workflow integration
  - Users' group (planned)

Client Enrollment is Already Significant

- Behavioral Health Clients Enrolled
  - Prerequisite for success
  - As much as 30% of CMHO panel enrolled
- 97% of clients choose “all of my providers” when enrolling at a CMHO
- What’s hard:
  - Low enrollment at many CMHO sites
  - Client reluctance to release data to CurrentCare
- What’s working:
  - Enrollment at medical care sites
  - New enrollment workflow
  - CMHO C-Level leadership

What's Next?

- Include the State Prison
  - Enrollment in CurrentCare
  - CurrentCare Viewer
  - EHR data feed
- Provide Hospital Alerts to behavioral health care providers
- Advocate for BH data in standard CCD
- Extend Viewer and Direct to the entire Health Care network

SAMHSA-HRSA
Center for Integrated Health Solutions

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

www.integration.samhsa.gov

Contacts:

Bill Cadieux
Chief Information Officer
The Providence Center
(401) 528-0175

Charlie Hewitt
Director, HIE Product Delivery
Rhode Island Quality Institute
CHewitt@riqi.org
401.276.9141 x225

Colleen O'Donnell
Director HIT Technical Assistance and Training
colleeno@thenationalcouncil.org

Michael R. Lardiere, LCSW
Vice President Health Information Technology & Strategic Development
MikeL@thenationalcouncil.org